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PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page ____ of ____
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
TARA JEAN		RYBNICEK	
Inventor's Signature	Tara Jean Rybnicek		Date 10/11/00
Residence: City	SANTA BARBARA	State CA	Country USA
Post Office Address 1107 CRESTLINE DRIVE			
Post Office Address			
City	SANTA BARBARA	State CA	ZIP 93105
		Country USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JOHN WESLEY		STOCKER	
Inventor's Signature			Date
Residence: City	CARPENTERIA	State CA	Country USA
Post Office Address 185 OCEAN VIEW AVENUE			
Post Office Address			
City	CARPENTERIA	State CA	ZIP
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JEFFERY FRANK		SUMMERS	
Inventor's Signature	Jeffery Frank Summers		Date 10/11/00
Residence: City	SANTA BARBARA	State CA	Country USA
Post Office Address 1416 CLEAR VIEW ROAD			
Post Office Address			
City	SANTA BARBARA	State CA	ZIP 93101
		Country USA	



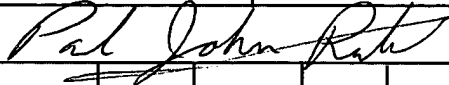
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
JOHN STUART				FOSTER			
Inventor's Signature						10/11/00	
Residence: City	SANTA BARBARA	State	CA	Country	USA	Citizenship	USA
Post Office Address 4678 VIA HUERTO							
Post Office Address							
City	SANTA BARBARA	State	CA	ZIP	93110	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
RICHARD THOMAS				MARTIN			
Inventor's Signature						10/11/00	
Residence: City	GOLETA	State	CA	Country	USA	Citizenship	USA
Post Office Address 5692 BERKELEY ROAD							
Post Office Address							
City	GOLETA	State	CA	ZIP	93117	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
PAUL JOHN				RUBEL			
Inventor's Signature						10/11/00	
Residence: City	SANTA BARBARA	State	CA	Country	USA	Citizenship	USA
Post Office Address 527 LA MARINA DRIVE							
Post Office Address							
City	SANTA BARBARA	State	CA	ZIP	93109	Country	USA

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name	JOHN S. FOSTER See a Hacked change of				
Address	75 ROBIN HILL ROAD correspondence address				
Address					
City	GOLETA	State	CA	ZIP	93117
Country	USA	Telephone	(805) 681-2838	Fax	(805) 967-2677

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
PATRICK EDWARD		FEIERABEND			
Inventor's Signature	Patrick Edward Feierabend			Date	10/11/00
Residence: City	SANTA BARBARA	State	CA	Country	USA
Post Office Address	515 VIA SEVILLA				
Post Office Address					
City	SANTA BARBARA	State	CA	ZIP	93109
				Country	USA

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	
	First Named Inventor	PATRICK E. FEIERABEND
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LOW INERTIA LATCHING MICROACTUATOR

the specification of which
☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ____ of ____

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
JAQUELIN KETNER				SPONG				
Inventor's Signature		Jaquelin K. Spong			Date		11/1/2000	
Residence: City		LOS GATOS	State	CA	Country	USA	Citizenship	USA
Post Office Address		16075 OVERLOOK DRIVE						
Post Office Address								
City		LOS GATOS	State	CA	ZIP	95030	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	
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Given Name (first and middle [if any])				Family Name or Surname				
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Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	

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